

Dear East Side Youth, Parents, & Guardians,

Rider's Name:_____ **Rider's Birthdate:** ____/____/____

Rider's Address: _____

Street	City	State	Zip Code
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Parent/Guardian Phone Number:_____ **2nd Ph. Number:**_____

Rider has the following medical needs/conditions:_____

Rider is involved in the following East Side youth program(s) (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Arlington Hills library | <input type="checkbox"/> Hmong American Partnership |
| <input type="checkbox"/> Dayton's Bluff Library | <input type="checkbox"/> Lao Family |
| <input type="checkbox"/> Duluth & Case Recreation Center | <input type="checkbox"/> East Side YMCA |
| <input type="checkbox"/> Arlington Recreation Center | <input type="checkbox"/> East Side Boys and Girls Club |
| <input type="checkbox"/> Wilder Recreation Center | <input type="checkbox"/> Ames Lake Community Center |
| <input type="checkbox"/> Margaret Recreation Center | <input type="checkbox"/> Community Design Center |
| <input type="checkbox"/> Dayton's Bluff Recreation Center | <input type="checkbox"/> Portage for Youth & Mounds Theatre |
| <input type="checkbox"/> Merrick Community Center | <input type="checkbox"/> Young Artists Initiative (YAI) |
| <input type="checkbox"/> American Indian Family Center | <input type="checkbox"/> Salvation Army youth programs |
| <input type="checkbox"/> Jovenes de Salud at Harding High School | <input type="checkbox"/> East Side Summer Children's Program |
| <input type="checkbox"/> Face to Face Academy or Health Services | <input type="checkbox"/> Other: _____ |

(Please turn over and complete back)

In order for the East Side Youth Circulator buses to be safe and successful, parents and riders must agree to follow the rules below. If these rules are not followed, the East Side Learning Collaborative has the right to cancel a rider's bus privileges.

EAST SIDE YOUTH CIRCULATOR BUS RULES AND EXPECTATIONS

- Follow all instructions from the driver
- You must have a destination when you get on the bus
- Respect other riders: keep hand and feet to yourself and do not distract the driver
- Keep the bus clean – no writing or destroying seats, wall, etc.
- Respect others' personal property
- Use an indoor voice (no yelling & shouting)
- No boom boxes; no loud music or noise
- Use appropriate language at all times (no curse words)
- No cigarettes, drugs or alcohol
- No weapons allowed

I have read these rules and explained them to my child. I understand that my child's bus privileges can be canceled if these rules are not followed.

Parent/Guardian Signature (if rider is a legal minor)

Rider's Signature

I, _____, give permission for _____ to ride the East Side Youth Circulator buses so s/he can attend programs and activities at one or several of the stops. I understand that the bus is not a substitute for program sign-up; nor can the East Side Learning Collaborative be responsible for verifying or ensuring a child's attendance at any of the bus stop programs. I understand that the Circulator bus is only intended to assist youth from age 7 through 17 in going around the community to established programming and services, and will stop only at designated times and locations, with no exceptions being made. I further understand that neither the East Side Learning Collaborative nor the City of Saint Paul is assuming responsibility for the welfare of my child at pick-up and drop-off locations nor providing escort services to and from programming. I hereby agree to waive any and all claims against ESLC and the City of Saint Paul, its officers, board, agents or employees, for damages or injuries to my child resulting from operation of the Circulator buses, except to the extent damages or injuries result from accidents involving the vehicle and are covered by motor vehicle insurance held by the bus carrier.

I hereby give consent to have pictures of my children whether film, digital, print or other, used for the purpose of promotional material, educational activities, or for any other lawful display for the benefit of the East Side Learning Collaborative and the City of Saint Paul and such materials will be the property of the City of Saint Paul without the need for further permission.

Print rider name: _____

Print parent/guardian name: _____

Signature of Parent/Guardian Name (if rider is a legal minor)

Date

Address